

RESET

SCHEDULE

G

(Rev. 02/08)

BREAKDOWN
OF MONETARY
EXPENDITURES
BY CONSULTANT☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Chet Culver Committee

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant

AMS Communications

Mailing Address

500 Sansome Street, Suite 201

City

State

Zip Code

San Francisco, CA 94111

CONTRACT PERIOD (MM/DD/YR)

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

From **January 1, 2008**To **December 31, 2008**\$ **4390.49**

ESTIMATES OF PERFORMANCE

General consulting (travel only)

PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$
SUB-TOTAL			\$
TOTAL (If last page of this schedule)			\$

